

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Pharmacists
All Prescribers
Nursing Home Administrators
Managed Care Organizations

Memorandum No: 06-68
Issued: August 1, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

**For information, contact Provider
Relations at:** 800.562.3022 or
<http://maa.dshs.wa.gov/contact/prucontact.asp>
or visit the pharmacy web site at:
<http://maa.dshs.wa.gov/pharmacy>

Subject: Prescription Drug Program: Washington Preferred Drug List and Expedited Prior Authorization Changes

Effective for claims with dates of service on and after September 1, 2006, unless otherwise noted, HRSA will implement the following changes to the Prescription Drug Program:

- Corrections to the Washington Preferred Drug List;
- Addition to the Expedited Prior Authorization (EPA) list;
- A change to the limit of Clobex[®] shampoo; and
- A change in the coverage status for Xenaderm[®].

Corrections to the Washington Preferred Drug List

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Calcium Channel Blockers	Generic: diltiazem /XR nifedipine ER verapamil /XR Brand: Norvasc [®] (<i>amlodipine</i>)	Generic: felodipine nicardipine nifedipine Brand: Adalat [®] /CC (<i>nifedipine</i>) Calan [®] /SR (<i>verapamil</i>) Cardene [®] /SR (<i>nicardipine</i>) Cardizem [®] /CD/LA/SR (<i>diltiazem</i>) Cartia XT [®] (<i>diltiazem</i>) Dilacor [®] XR (<i>diltiazem</i>) Diltia XT [®] (<i>diltiazem</i>) DynaCirc [®] /CR (<i>isradipine</i>) Isoptin [®] /SR (<i>verapamil</i>) Plendil [®] (<i>felodipine</i>) Procardia [®] /XL (<i>nifedipine</i>) Sular [®] (<i>nisoldipine</i>) Taztia XT [®] (<i>diltiazem</i>) Tiazac [®] (<i>diltiazem</i>) Vascor [®] (<i>bepridil</i>) Verelan [®] /PM (<i>verapamil</i>)

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Estrogens	<p>Generic: estradiol tablets</p> <p>Brand: Menest[®] (<i>esterified estrogens</i>) Premarin[®] cream (<i>conjugated equine estrogen vaginal cream</i>)</p>	<p>Generic: estradiol transdermal patch estropipate</p> <p>Brand: Alora[®] (estradiol) transdermal Cenestin[®] (<i>synthetic conjugated estrogens</i>) Climara[®] (<i>estradiol</i>) transdermal Esclim[®] (<i>estradiol</i>) transdermal Estrace[®] (<i>estradiol</i>) oral/vaginal Estraderm[®] transdermal Estring[®] (<i>estradiol</i>) vaginal ring Femring[®] (<i>estradiol</i>) vaginal ring Ogen[®] (<i>estropipate</i>) Premarin[®] (<i>conjugated estrogens</i>) oral Vagifem[®] (<i>estradiol</i>) vaginal tablets Vivelle[®]/DOT (<i>estradiol</i>) transdermal</p>
Non-Sedating Antihistamines (*Not subject to TIP. See pg, M.1.)	<p>Generic: loratadine OTC</p> <p>Brand:</p>	<p>Generic:</p> <p>Brand: Allegra[®] (<i>fexofenadine</i>) Clarinox[®] (<i>desloratadine</i>) Claritin[®] (<i>loratadine</i>) Zyrtec[®] (<i>cetirizine</i>)</p>
Statin-type cholesterol-lowering agents	<p>Generic: lovastatin</p> <p>Brand: Lipitor[®] (<i>atorvastatin</i>) Pravachol[®] (<i>pravastatin</i>)*</p> <p>*EPA Required</p>	<p>Generic: simvastatin</p> <p>Brand: Lescol[®]/XL (<i>fluvastatin</i>) Mevacor[®] (<i>lovastatin</i>) Zocor[®] (<i>simvastatin</i>)</p>

Addition to Expedited Prior Authorization (EPA)

Retroactive to June 13, 2006:

Drug	Code	Criteria
Risperdal M Tabs[®] (risperidone)	054	All of the following must apply: a) There must be an appropriate DSM IV diagnosis; and b) Patient is 6 years of age or older.

Correction to the Limit for Clobex[®] Shampoo

Drug	Dosing Limitations
Clobex 0.05% Shampoo (Clobetasol)	118ml/17days

Change in Coverage Status for Xenaderm[®]

Drug	Previous Status	Current Status
Xenaderm	Covered	Non-Covered

Note: HRSA does not cover this drug as an outpatient pharmacy service. Please refer to the HRSA's *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions* for coverage information under the Durable Medical Equipment/Nondurable MSE program for wound filler products, such as Xenaderm[®].

Miscellaneous Corrections

HRSA made some corrections on pages H.12 and J.9 of the *Prescription Drug Program Billing Instructions*. These corrected pages are attached to this memorandum.

Billing Instructions Replacement Pages

Attached are replacement pages H.11-H.12, H.17-H.18, J.9-J.10, N.3-N.6, and N.9-N.10 for HRSA's *Prescription Drug Program Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WaMedWeb at <https://wamedweb.acs-inc.com>.

How can I get HRSA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Fazaclo[®] (clozapine)	012	All of the following must apply: a) There must be an appropriate DSM IV diagnosis present as determined by a qualified mental health professional; and b) Patient is 18 years of age or older; and c) Must be prescribed by a psychiatrist, neurologist, or psychiatric ARNP with prescriptive authority approved for this drug class, or in consultation with one of the above; and d) Must have tried and failed generic clozapine.
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Focalin[®] (dexamethylphenidate HCl)	See criteria for Concerta [®]	
Focalin XR[®] (dexamethylphenidate HCl)	061	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and all of the following a) The prescriber is an authorized schedule II prescriber; b) Total daily dose is administered as a single dose; and c) The patient is six years of age or older.

Gabitril[®] (tiagabine HCl)	036	Treatment of seizures.
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Geodon[®] (ziprasidone HCl)	046	All of the following must apply: a) There must be an appropriate DSM IV diagnosis; and b) Patient is 6 years of age or older.
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Note: Because Geodon[®] prolongs the QT interval (< Seroquel[®] > Risperdal[®] > Zyprexa[®]), it is contraindicated in patients with a known history of QT prolongation (including a congenital long QT syndrome), with recent acute myocardial infarction, or with uncompensated heart failure; and in combination with other drugs that prolong the QT interval.

Geodon[®] IM Injection (ziprasidone mesylate)	058	All of the following must apply: a) Diagnosis of acute agitation associated with schizophrenia; b) Patient is 18 years of age or older; and c) Maximum dose of 40mg per day and no more than 3 consecutive days of treatment.
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Glycolax Powder[®] (polyethylene glycol)	021	Treatment of occasional constipation. Must have tried and failed a less costly alternative.
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Humira® (adalimumab)	026	Treatment of psoriatic arthritis when prescribed by a rheumatologist or dermatologist for patients who have tried and failed one or more DMARD. Dose not to exceed 40mg subcutaneously every 2 weeks if patient is also receiving methotrexate, or up to 40mg subcutaneously every week if patient is not receiving methotrexate concomitantly.
	028	Treatment of rheumatoid arthritis when prescribed by a rheumatologist for patients who have tried and failed one or more DMARD. Dose not to exceed 40mg subcutaneously every 2 weeks if patient is also receiving methotrexate, or up to 40mg subcutaneously every week if patient is not receiving methotrexate concomitantly.
Infergen® (interferon alfacon-1)	134	Treatment of chronic hepatitis C in patients 18 years of age and older with compensated liver disease who have anti-HCV serum antibodies and/or presence of HCV RNA.
Intron A® (interferon alpha-2b recombinant)	030	Diagnosis of hairy cell leukemia in patients 18 years of age and older.
	031	Diagnosis of recurring or refractory condyloma acuminata (external genital/perianal area) for intralesional treatment in patients 18 years of age and older.
	032	Diagnosis of AIDS-related Kaposi's sarcoma in patients 18 years of age and older.
	033	Diagnosis of chronic hepatitis B in patients 1 year of age and older.
	107	Diagnosis of malignant melanoma in patients 18 years of age and older.
	109	Treatment of chronic hepatitis C in patients 18 years of age and older.
	135	Diagnosis of follicular non-Hodgkin's lymphoma in patients 18 years of age and older.
Kadian® (morphine sulfate)	040	Diagnosis of cancer-related pain.
Keppra™ (levetiracetam)	See criteria for Gabitril®	
Kineret Injection® (anakinra)	029	Treatment of rheumatoid arthritis when prescribed by a rheumatologist for patients 18 years of age and older who have tried and failed one or more DMARD. Daily dose not to exceed 100mg subcutaneously.

- a) Acute liver disease; and
- b) Liver failure; and
- c) Pregnancy.



Note: A ReVia® (Naltrexone) Authorization Form [DSHS 13-677] must be on file with the pharmacy before the drug is dispensed. **To download a copy, go to:**
<http://www1.dshs.wa.gov/msa/forms/eforms.html>

Ribavirin See criteria for Copegus®.

Risperdal® 054 All of the following must apply:
(risperidone)
 a) There must be an appropriate DSM IV diagnosis; and
 b) Patient is 6 years of age or older.

Risperdal M 054 All of the following must apply:
Tabs®
(risperidone)
 a) There must be an appropriate DSM IV diagnosis; and
 b) Patient is 6 years of age or older.

Risperdal 059 All of the following must apply:
Consta® IM
Injection
(risperidone
microspheres)
 a) There must be an appropriate DSM IV diagnosis;
 b) Patient is 18 years of age or older;
 c) Documented response to oral risperidone monotherapy;
 d) Documented history of noncompliance;
 e) Tolerance to greater than or equal to 2mg/day of oral risperidone;
 f) Patient is not on concurrent carbamazepine therapy; and
 g) Maximum dose shall not exceed 50mg or be more frequent than every 2 weeks.

Roferon-A® 030 Diagnosis of hairy cell leukemia in patients **18** years of age and older.
(interferon alpha-2a recombinant)

032 Diagnosis of AIDS-related Kaposi's sarcoma in patients **18** years of age and older.

080 Diagnosis of chronic phase, Philadelphia chromosome (Ph) positive chronic myelogenous leukemia (CML) when treatment started within one year of diagnosis.

109 Treatment of chronic hepatitis C in patients **18** years of age and older.

Rozerem[®] (ramelteon)		See criteria for Ambien [®] .
Seroquel[®] (quetiapine fumarate)		See criteria for Risperdal [®] .
Sonata[®] (zaleplon)		See criteria for Ambien [®] .
Soriatane[®] (acitretin)	064	Treatment of severe, recalcitrant psoriasis in patients 16 years of age and older. Prescribed by, or in consultation with, a dermatologist, and the patient must have an absence of all of the following: a) Current pregnancy or pregnancy which may occur while undergoing treatment; and b) Hepatitis; and c) Concurrent retinoid therapy.
Sporanox[®] (itraconazole)		Must not be used for a patient with cardiac dysfunction such as congestive heart failure.
	047	Treatment of systemic fungal infections and dermatomycoses. Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy;
	051	Peripheral vascular disease; or
	052	Patient is immunocompromised.
Strattera[®] (atomoxetine HCl)	007	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD).
Suboxone[®] (buprenorphine-naloxone)	019	Before this code is allowed, the patient must meet <u>all</u> of the following criteria. The patient: a) Is 16 years of age or older; b) Has a <u>DSM-IV-TR</u> diagnosis of opioid dependence; c) Is psychiatrically stable or is under the supervision of a mental health specialist;

Healthy Options Managed Care clients

MAA will reimburse for drugs dispensed to clients enrolled in a Healthy Options managed care plan only if the drugs are outside the scope of the managed care plan and covered under fee-for-service.

Examples:

- Prescriptions written by **dentists** will be paid fee-for-service without any special comments when the dentist's MAA provider number is placed on the claim in the prescriber ID field.
- Antibiotics, anti-infectives, non-narcotic analgesics, and oxytocics prescribed following abortion procedure are reimbursable on a fee-for-service basis for clients enrolled in a Healthy Options managed care plan.
- Over-the-counter contraceptives from a pharmacy that is not contracted with the clients managed care plan.
- **Protease Inhibitors.**

Healthy Options Clients Who Self-Refer

Healthy Options managed care clients may self-refer to any of the following entities and receive prescriptions related to the therapeutic classifications listed below. The prescriptions are reimbursable on a fee-for-service basis and, clients may take these prescriptions to any Medicaid-participating pharmacy.

Pharmacists must document the prescribing entity (i.e., mental health center, family planning clinic, or health department) on the original prescription. All other fee-for-service rules apply to claims for the therapeutic classes listed below, including prior authorization requirements.

Community Mental Health Centers may prescribe mental health drugs within the following therapeutic drug classes:

- Attention Deficit Hyperactive Disorder (ADHD) drugs
- Antianxiety
- Anticonvulsants
- Antidepressants
- Antipsychotics
- Central Nervous System (CNS) drugs

Healthy Options clients who self-refer (continued)

Pharmacies may bill MAA for the following Community Mental Health ancillary drugs. These drugs may be prescribed in addition to the therapeutic classes on the previous page:

Any strength or dose form not listed below will not be covered under these provisions.

Akineton 2mg tab

Amantadine 100mg caps and 50mg/5ml liquid

Atenolol 25mg, 50mg, and 100mg tabs

Benzotropine mesylate 0.5mg, 1mg, 2mg tabs

Clonidine 0.1mg, 0.2mg, and 0.3mg tabs (no patches)

Cytomel (T4) 5mcg, 25mcg, and 50mcg tabs

Diphenhydramine 25mg and 50mg caps

Guanfacine 1mg and 2mg tabs

Hydroxyzine Pamoate 25mg caps, 25mg/ml, 50mg caps, 50mg/ml, 100mg caps

Kemadrin 5mg tab

L-Thyroxine all strengths

Nadolol 20mg, 40mg, 80mg, 120mg, and 160mg tabs (no sustained action – SA)

Pindolol 5mg and 10mg tabs

Propranolol 10mg, 20mg, 40mg, 60mg, 80mg, and 90mg tabs (no sustained action – SA)

Trihexyphenidyl 2mg tabs, 5mg, SA, and tabs

Vitamin E (expedited prior authorization only for Tardive Dyskensia)

Family Planning Agencies may prescribe family planning related drugs for sexually transmitted diseases (STD) (excluding HIV), abortion-related drugs, and prescription contraceptives within the following therapeutic drug classes:

- Analgesics
- Antibiotics
- Anti-emetics
- Antifungals
- Anti-infectives
- Anti-inflammatories
- Contraceptive drugs/devices
- Oxytocics

Health Departments may prescribe drugs for STD (excluding HIV), tuberculosis, and prescription contraceptives within the following therapeutic drug classes:

- Antibiotics
- Anti-emetics
- Anti-infectives
- Contraceptive drugs/devices
- Tuberculosis drugs

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Beta Blockers	<p>Generic: Atenolol Metoprolol Nadolol Pindolol Propranolol /ER Timolol</p> <p>Brand: Coreg[®] (<i>carvedilol</i>)*</p> <p>*EPA required</p>	<p>Generic: Acebutolol Betaxolol Bisoprolol Labetalol</p> <p>Brand: Blocadren[®] (<i>timolol</i>) Cartrol[®] (<i>carteolol</i>) Corgard[®] (<i>nadolol</i>) Inderal[®] /LA (<i>propranolol</i>) Innopran XL[®] (<i>propranolol</i>) Kerlone[®] (<i>betaxolol</i>) Levator[®] (<i>penbutolol</i>) Lopressor[®] (<i>metoprolol</i>) Normodyne[®] (<i>labetalol</i>) Sectral[®] (<i>acebutolol</i>) Tenormin[®] (<i>atenolol</i>) Toprol XL[®] (<i>metoprolol succinate</i>) Trandate[®] (<i>labetalol</i>) Visken[®] (<i>pindolol</i>) Zebeta[®] (<i>bisoprolol</i>)</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Calcium Channel Blockers	Generic: Diltiazem /XR Nifedipine ER Verapamil /XR Brand: Norvasc [®] (<i>amlodipine</i>)	Generic: felodipine nicardipine nifedipine Brand: Adalat [®] /CC (<i>nifedipine</i>) Calan [®] /SR (<i>verapamil</i>) Cardene [®] /SR (<i>nicardipine</i>) Cardizem [®] /CD/LA/SR (<i>diltiazem</i>) Cartia XT [®] (<i>diltiazem</i>) Dilacor [®] XR (<i>diltiazem</i>) Diltia XT [®] (<i>diltiazem</i>) DynaCirc [®] /CR (<i>isradipine</i>) Isoptin [®] /SR (<i>verapamil</i>) Plendil [®] (<i>felodipine</i>) Procardia [®] /XL (<i>nifedipine</i>) Sular [®] (<i>nisoldipine</i>) Taztia XT [®] (<i>diltiazem</i>) Tiazac [®] (<i>diltiazem</i>) Vascor [®] (<i>bepidil</i>) Verelan [®] /PM (<i>verapamil</i>)
Drugs to treat Alzheimer's Disease	Brand: Aricept [®] (<i>donepezil</i>) Exelon [®] (<i>rivastigmine</i>) Razadyne [®] (<i>galantamine</i>) Namenda [®] (<i>memantine</i>)	Cognex[®] (tacrine)

Drug Class	Preferred Drugs	Non-preferred Drugs
Estrogens	<p>Generic: estradiol tablets</p> <p>Brand: Menest[®] (<i>esterified estrogens</i>) Premarin[®] cream (<i>conjugated equine estrogen vaginal cream</i>)</p>	<p>Generic: estradiol transdermal patch estropipate</p> <p>Brand: Alora[®] (estradiol) transdermal Cenestin[®] (<i>synthetic conjugated estrogens</i>) Climara[®] (estradiol) transdermal Esclim[®] (estradiol) transdermal Estrace[®] (estradiol) oral/vaginal Estraderm[®] transdermal Estring[®] (estradiol) vaginal ring Femring[®] (estradiol) vaginal ring Ogen[®] (estropipate) Premarin[®] (<i>conjugated estrogens</i>) oral Vagifem[®] (estradiol) vaginal tablets Vivelle[®]/DOT (estradiol) transdermal</p>
Histamine-2 Receptor Antagonist (H2RA) (*Not subject to TIP. See pg. M.1.)	<p>Generic: ranitidine</p>	<p>Generic: cimetidine famotidine nizatidine</p> <p>Brand: Axid[®] (nizatidine) Pepcid[®] (famotidine) Tagamet[®] (cimetidine) Zantac[®] (ranitidine)</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Inhaled Corticosteroids	Generic: Brand: Aerobid/Aerobid-M [®] (flunisolide MDI) Azmacort [®] (triamcinolone acetone MDI) Flovent [®] (fluticasone propionate MDI) Flovent Rotadisk [®] (fluticasone propionate DPI) Qvar [®] (beclomethasone dipropionate MDI) Pulmicort Respules [®] (budesonide inhalation suspension)	Generic: Brand: Pulmicort Turbuhaler [®] (budesonide DPI)
Insulin-release stimulant type oral hypoglycemics	Generic immediate release: glyburide glipizide glyburide micronized	Generic: chlorpropamide tolazamide tolbutamide glipizide XR Brand: Amaryl [®] (<i>glimepiride</i>) Diabinese [®] (<i>chlorpropamide</i>) DiaBeta [®] (<i>glyburide</i>) Glucotrol [®] /XR (<i>glipizide</i>) Glynase [®] (<i>glyburide</i> <i>micronized</i>) Tolinase [®] (<i>tolazamide</i>) Micronase [®] (<i>glyburide</i>) Orinase [®] (<i>tolbutamide</i>) Prandin [®] (<i>repaglinide</i>) Starlix [®] (<i>nateglinide</i>)

Prescription Drug Program

Proton Pump Inhibitors	Generic: Prilosec OTC [®] (<i>omeprazole</i>) tablets Prevacid [®] (<i>lansoprazole</i>) capsules Prevacid [®] SoluTab (<i>lansoprazole</i>) * Prevacid [®] Suspension (<i>lansoprazole</i>) * *EPA required	Generic: omeprazole Rx Brand: Aciphex [®] (<i>rabeprazole</i>) Nexium [®] (<i>esomeprazole</i>) Prilosec [®] Rx (<i>omeprazole</i>) Protonix [®] (<i>pantoprazole</i>) Zegerid [®] (<i>omeprazole</i>)
Second Generation Antidepressants <i>*not subject to therapeutic interchange program (TIP).</i>	Generic: bupropion/SR** citalopram fluoxetine HCl mirtazapine/soltab paroxetine HCl	Generic: fluvoxamine nefazodone Brand: Celexa [®] (citalopram) Cymbalta [®] (duloxetine HCl) Effexor [®] /XR (venlafaxine) Lexapro [®] (escitalopram oxalate) Luvox [®] (fluvoxamine) Paxil [®] /CR (paroxetine HCl) Pexeva [®] (paroxetine mesylate) Prozac [®] /Prozac Weekly [®] (fluoxetine HCl) Remeron [®] /soltab (mirtazapine) Serzone [®] (nefazodone) Wellbutrin [®] /SR/XL (bupropion/SR) Zoloft [®] (sertraline)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Skeletal Muscle Relaxants	Generic: baclofen cyclobenzaprine methocarbamol	Generic: carisoprodol chlorzoxazone orphenadrine tizanidine Brand: Dantrium [®] (<i>dantrolene</i>) Flexeril [®] (<i>cyclobenzaprine</i>) Lioresal [®] (<i>baclofen</i>) Norflex [®] (<i>orphenadrine</i>) Parafon Forte [®] (<i>chlorzoxazone</i>) Robaxin [®] (<i>methocarbamol</i>) Skelaxin [®] (<i>metaxalone</i>) Soma [®] (<i>carisoprodol</i>) Zanaflex [®] (<i>tizanidine</i>)
Statin-type cholesterol-lowering agents	Generic: lovastatin Brand: Lipitor [®] (<i>atorvastatin</i>) Pravachol [®] (<i>pravastatin</i>)	Generic: simvastatin Brand: Lescol [®] /XL (<i>fluvastatin</i>) Mevacor [®] (<i>lovastatin</i>) Zocor [®] (<i>simvastatin</i>)
Targeted Immune Modulators	Generic: Brand: Enbrel [®] (<i>etanercept</i>)* Remicade [®] (<i>infliximab</i>)* *EPA required	Generic: Brand: Humira [®] (<i>adalimumab</i>)* Kineret [®] (<i>anakinra</i>)* Raptiva [®] (<i>efalizumab</i>)* *EPA required